

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

MARIA BELBIS and TINA WARREN,
individually, and on behalf of a class of
employees, similarly situated, and MARIA
BELBIS, TINA WARREN, TIFFANY
TAYLOR, DOROTHEA PURNELL,
SHERLY NELLA, and all others who have
had a consent to join filed in this case as to
Count III,

Plaintiffs,

v.

COUNTY OF COOK,

Defendant.

No. **01C 6119**

JUDGE JOHN W DARRAH

Trial by Jury Demanded

MAGISTRATE JUDGE DENLOW

DOCKETED

AUG 10 2001

FILED-EDS
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U.S. DISTRICT COURT

**CLASS ACTION COMPLAINT FOR INJUNCTION,
ACCOUNTING AND JUDGMENT FOR OVERTIME AND BACK WAGES**

NOW COME the plaintiffs, MARIA BELBIS and TINA WARREN, individually, and on behalf of all others similarly situated ("Nurses"), pursuant to 735 ILCS 5/2-801 *et seq.* Class Actions; 820 ILCS 105/1 *et seq.*, commonly known as the Illinois Minimum Wage Law; and 820 ILCS 115/1 *et seq.*, commonly known as the Wage Payment and Collection Act; and MARIA BELBIS, TINA WARREN, TIFFANY TAYLOR, DOROTHEA PURNELL, SHERLY NELLA, and all others who have had a consent to join filed in this case as to the Fair Labor Standards Act, 29 U.S.C. 201 *et seq.*, by and through their undersigned attorneys, and against the defendant, COUNTY OF COOK ("COOK COUNTY"), and in support of their complaint, state as follows:

The Parties and Jurisdiction

1. At all relevant times complained of herein, defendant, COOK COUNTY, was a local unit of government, located and doing business in the City of Chicago, County of Cook, and State of Illinois.

2. At all relevant times complained of herein, defendant, COOK COUNTY, operates a hospital ("Cook County Hospital") that provides medical services to the general public.

3. At all relevant times complained of herein, Cook County Hospital was located in the City of Chicago, County of Cook, and State of Illinois.

4. At all relevant times complained of herein, plaintiffs were employed as medical nurses at Cook County Hospital.

5. At all times relevant herein, there existed in full force and effect a certain state statute that provides for the prerequisites to a class action (735 ILCS 5/2-801) as well as a certain federal statute that provides for a collective action (29 U.S.C. § 216(b)).

6. The class consists of nurses employed by COOK COUNTY who contend they have not received the accurate amount of earned wages for the services performed by them, as required by the Illinois Minimum Wage Law (820 ILCS § 105), Illinois Wage Payment and Collection Act (820 ILCS § 115) and the federal Fair Labor Standards Act (29 U.S.C. § 201).

7. The named plaintiffs will fairly and adequately protect the interests of the class, as they are members of the class. All class members will receive proper, efficient and appropriate protection of their interests by the named plaintiffs, as they are not seeking relief that is antagonistic to the members of the class. Additionally, the attorneys for the named plaintiffs are qualified, competent, experienced and ultimately capable to prosecute the action on behalf of the

class, as they have successfully prosecuted class action lawsuits in the past and are currently prosecuting class action lawsuits.

8. This action arises under the federal Fair Labor Standards Act of 1938, 29 U.S.C. § 201 *et seq.* ("FLSA") and the federal common law created and existing pursuant to FLSA.

9. Jurisdiction over this action is based upon 29 U.S.C. § 1132(e)(1) and 28 U.S.C. § 1331 with supplemental jurisdiction based upon 28 U.S.C. § 1367.

10. Venue is proper in this Court pursuant to 29 U.S.C. § 1132(e)(2) and 28 U.S.C. § 1391(b)(2), because a substantial part of the events or omissions giving rise to the claim occurred within this judicial district.

Count I - Illinois Minimum Wage Law

NOW COME Plaintiffs MARIA BELBIS, individually, and TINA WARREN, individually, and on behalf of a class of similarly situated employees, complain against defendant, COOK COUNTY, as follows:

1-10. Plaintiffs repeat and reallege paragraphs one (1) through ten (10) of Parties and Jurisdiction section as paragraphs one (1) through ten (10) of this Count I, with the same force and effect as though fully set forth herein.

11. That the plaintiffs and the class they represent are or were nurses who are due, and who have not been paid, for all hours worked under the provisions of the Illinois Minimum Wage Law, 820 ILCS 105/1 *et seq.* ("Minimum Wage Law") for an undisclosed period of time, at least since 1981, to the present.

12. The Minimum Wage Law provides the following definition of an "employee":

[A]ny individual permitted to work by an employer in an occupation . . .

(See 820 ILCS 105/3).

13. That each of the plaintiffs was, or still is, an employee of defendant, COOK COUNTY, located and doing business in the City of Chicago, County of Cook, and State of Illinois.

14. The Minimum Wage Law provides the following definition for "employer":

[A]ny individual, partnership, association, corporation, business trust, governmental or quasi-governmental body, or any person or group of persons acting directly or indirectly in the interest of an employer in relation to an employee, for which one or more persons are gainfully employed on some day within a calendar year. (See 820 ILCS 105/3).

15. That defendant, COOK COUNTY, is subject to the provisions of said laws and is an employer within the meaning of the Minimum Wage Law, and COOK COUNTY maintains its registered office in the County of Cook and City of Chicago at 118 North Clark Street, Chicago, IL 60602 and the Cook County Clerk, David Orr, at 69 West Washington, 5th Floor, Chicago, IL 60602.

16. That defendant, COOK COUNTY, is an employer of the plaintiffs within the meaning of the Minimum Wage Law in that, among many other things, it controls how many hours plaintiffs worked, whether plaintiffs were paid for all hours worked and whether they were paid time and one-half their regular rate of pay for hours worked in excess of forty (40).

17. That the plaintiffs and the class they represent were not paid for all hours worked in that they were not paid for, *inter alia*, post-shift responsibilities such as completing reports, finalizing patient care and briefing the incoming shift; pre-shift responsibilities such as preparing work schedules; mandatory attendance at training sessions; and they incurred excessive pay-docking for tardiness, all during an undisclosed period of time, at least since 1981, to the present, and all in violation of the Minimum Wage Law (820 ILCS 105/4).

18. That the Court should certify this suit as a class action and determine the rights of the parties as to the individual plaintiffs and as to the class's back pay, any damages due, pursuant to 820 ILCS 105/12, with prejudgment interest pursuant to 815 ILCS 205/2; and the Court should direct the defendant to account for all of said back wages, penalties and prejudgment interest thereon, due the plaintiffs and the class they represent.

19. That this suit is brought pursuant to 735 ILCS 5/2-801 as a class action because the class or subclasses of plaintiffs is so numerous that joinder of all members is impracticable. It is further impracticable, at this time, to discover the numerous members of the class similarly situated to the plaintiffs, or to join said members as parties to this suit. Plaintiffs, therefore, bring this action on their own behalf as aggrieved employees, and in their representative capacity as aggrieved employees, against the defendant. All class plaintiffs and the individual plaintiffs are equally affected by the alleged failure to pay for all hours worked and the overtime pay violations of the defendant and its failure to pay overtime wages; and the relief sought is for the benefit of the individual plaintiffs, and the class they represent, and against the defendant.

20. That the issues involved in this cause present common questions of law and fact; and, these common questions of law or fact predominate over the variations which may exist between members of the class and subclasses, if any. The individual plaintiffs and defendants, and the class plaintiffs and defendants, have a commonality of interest in the subject matter and remedy sought, to wit, back pay plus penalties, interest, attorney fees and cost of the lawsuit. The individual plaintiffs believe and assert that they are able, fairly and adequately, to represent and to protect the interest of the class. If individual actions were required to be brought by each of the class plaintiffs injured or affected, it would necessarily result in a multiplicity of lawsuits, creating a hardship to the individual plaintiffs and to the Court, as well as to the defendant.

Accordingly, a class action is an appropriate method for the fair and efficient adjudication of this controversy and distribution of the common fund to which the class is entitled.

21. That the books and records of the defendant, COOK COUNTY, are material to the plaintiffs' case as they disclose the hours worked by each employee and what each employee was paid for that work.

Prayer for Relief

WHEREFORE, plaintiffs, MARIA BELBIS, individually, and TINA WARREN, individually, and on behalf of a class of similarly situated employees that they represent, ask the Court to enter judgment in their favor and, against COOK COUNTY, for the following relief:

- A. For a judgment for all back wages due, as provided by the Minimum Wage Law, 820 ILCS 105/1 *et seq.*;
- B. For prejudgment interest on the back wages in accordance with the Minimum Wage Law, 815 ILCS 205/2;
- C. For punitive damages in the amount of 2% of the amount of any such underpayments for each month following the date of payment during which such underpayments remain unpaid under the Minimum Wage Law, 820 ILCS 105/12;
- D. For reasonable attorney fees and costs of this action as provided by the Minimum Wage Law, 820 ILCS 105/12;
- E. That this Court determine the rights of the parties and direct the defendant to account for all hours worked and wages paid to the class members during the temporality of the class;
- F. That this Court enter an injunction requiring the Defendant to comply with the Minimum Wage Law in the future; and

G. For such other relief as this Court may deem just and equitable.

Count II - Illinois Wage Payment and Collection Act

NOW COME Plaintiffs MARIA BELBIS, individually, and TINA WARREN, individually, and on behalf of a class of similarly situated employees, complain against defendant, COOK COUNTY, as follows:

This cause of action arises out of the identical nucleus of operative facts as in Count I.

1-10. Plaintiffs repeat and reallege paragraphs one (1) through ten (10) of Parties and Jurisdiction section as paragraphs one (1) through ten (10) of this Count II, with the same force and effect as though fully set forth herein.

11. At all relevant times complained of herein, there existed in full force and effect a certain statute in the State of Illinois, the Illinois Wage Payment and Collection Act ("Wage Act"), which stated, in pertinent part, as follows:

[T]his Act applies to all employers and employees in this State, including employees of local government. . . .

(See 820 ILCS 115/1).

12. At any and all times relevant hereto, at defendant's request, plaintiffs and the class they represent performed services for the defendant.

13. Defendant promised to pay plaintiffs and the class they represent for said work at rates that varied during the relevant time period. Pursuant to the Wage Act, 820 ILCS 115/1 *et seq.*, plaintiffs are entitled to be paid for these wages for all hours worked.

14. That the plaintiffs and the class they represent were not paid for all hours worked in that they were not paid for, *inter alia*, post-shift responsibilities such as completing reports, finalizing patient care and briefing the incoming shift; pre-shift responsibilities such as preparing

work schedules; mandatory attendance at training sessions; and they incurred excessive pay-docking for tardiness, all during an undisclosed period of time, at least since 1981, to the present, and all in violation of 820 ILCS 115/4; and, as a direct and proximate result thereof, plaintiffs and the class they represent have been damaged in an unknown amount.

15. Plaintiffs requested production of document(s) that would account for the discrepancy in the amount of wages that should have been paid and the amount of wages actually paid.

16. Defendant failed to provide such documentation that would sufficiently exhibit the cause of the existence of said discrepancies in the wages received.

17. The Wage Act explicitly mandates that employers provide employees with records of wages paid and an itemized statement of deductions taken from pay, 820 ILCS 115/10.

18. Notice was given pursuant to 705 ILCS 225/1 (a copy is attached as Exhibit A).

PRAYER FOR RELIEF

WHEREFORE plaintiff, MARIA BELBIS, individually, and TINA WARREN, individually, and on behalf of a class of similarly situated employees that they represent, ask the Court to enter judgment in their favor, and against COOK COUNTY, for the following relief:

A. To order defendant to make an accounting of all the hours worked and wages paid to the plaintiffs and to each and every class member they represent for an undisclosed period of time, at least since 1981, to the present;

B. To award the plaintiffs and everyone in the class they represent, the back wages due, plus prejudgment interest at the statutory rate pursuant to 815 ILCS 205/2;

C. To enter an injunction requiring defendant to comply with the Illinois Wage Payment and Collection Act in the future;

D. For reasonable attorney fees and costs pursuant to section 225/1 of the Attorneys Fees in Wages Actions Act (705 ILCS 225/1); and

E. For such other and further relief as may be just in law and equity.

Count III - Fair Labor Standards Act

NOW COME the Plaintiffs MARIA BELBIS, TINA WARREN, TIFFANY TAYLOR, DOROTHEA PURNELL, SHERLY NELLA, and all others who have had a consent to join filed in this case, and complaining of the defendant, COOK COUNTY, pursuant to 29 U.S.C. 201 *et seq.*, commonly known as the Fair Labor Standards Act ("FLSA"), allege:

This cause of action arises out of the identical nucleus of operative facts as in Count I.

1-10. Plaintiffs repeat and reallege paragraphs one (1) through ten (10) of Parties and Jurisdiction section as paragraphs one (1) through ten (10) of this Count III, with the same force and effect as though fully set forth herein.

11. Defendant is subject to the jurisdiction of this Court as an employer of the plaintiffs pursuant to §3(d) of the FLSA, 29 U.S.C. §203(d).

12. At all times relevant to this action, the defendant has employed and continues to employ a substantial number of employees at Cook County Hospital. At all times relevant to this lawsuit the defendant and its said employees, including the plaintiffs, have been and remain engaged in commerce with the meaning of §3(b) of the FLSA, 29 U.S.C. §203(b).

13. At all relevant times complained of herein, Cook County Hospital was and is an employer within the meaning of the FLSA.

14. As required by 29 U.S.C. §216(b), written consents of each of the following plaintiffs have been attached hereto as Exhibit B:

Eyvonne Adams, Delerose Adetoro, Ernesto Agron, Mayflor Agustin, Gwendolyn

Agyeman, Merle Alperto, Uloma Alozil, Rosalina Andrade, Norma L. Arciaga, Virginia Arquines, Annie Augustin, Betty Augustine, Linda Bailey, Michelle Bailey, Leoria Baria, Maria Belbis, Judy Bernardo, Brandon Bernasor, David Beverly, Aida Bilyeu, Margaret Blake, Deborah Blaney, Stacey Bonner, Magnolia Bowman, Sharon Brocks, Velma D. Browl, Fay Burgess, Mary Bussey, Esperanza Camacito, Jacqueline Carr, Lourdes A. Castillo, Epifalia Cezar, Chill Chang, Doris Childs-Walker, Martese Chism, Kyangae Choe, Mary Choe, Sherly Chorath, Nora Christopher, Hyunsook Chun, Varanee Chuntrauasem, Michael Cleofe, Adrienne Cleveland, Lydia Cometa, Bienvenida Consuelo, Shirley Cook, Cherie Cordero, Rose Sharon Cordero, Mary Elizabeth Curtis, Elaine Daniels, Clara Davis, Gloria Davis, Estretta De La Vega, Maria Deang, Melissa Delapena, Joela Deleon, Eva Devarosa, Anna Devid, Brenetta Dickerson, Yvonne Dill, Lenaida Dimailig, Zenaida Dungca, Alice Eaton, Chimatara Ebirim, Virginia Ebiringah, Willie Ann Edwards, Linda Eledan, Mary John Elengical, Jenny Enrique, Edna Estavillo, Gina Eugenio, Isabel Faircloth, Phoebe Fajardo, Luzyminda Famanas, Eva Fernandez, Kelly Flynn, Eunice Fondren, Mary Francis, Cristina Frederick, Arlene Fruel, Ann Fierson, Gloria Gaslor, Grace George, Rosily George, Salomy George, Susan Mathew George, Stacey Golden, Elizabeth Goosby, Debra Graham, Ruby Greer, Dehlia Guingguing, Gloria Hallmark, Leonila Harting, Annie Henderson, Nichelle Henderson, Victoria Hill, Sharon Hollivay, Eloise Hunt, Urai Hunvanioh, Karin Hymel, Bokhee Hyun, Theresa Ibeabuchi, Carmelita Ico, Choi Ine, Joann Ivy, Ann P. Jackson, Perla F. Jagonase, Alma Jaromahum, Jacquelyn Jefferson, Mary Jenkins, Aleyamma John, Clarene Johnson, Maryann Johnson, Theresa Johnson, Yvette Johnson, Cynthia Jones, Maeon Jones, Patricia A. Jones, Roann Jones, Beverly Joseph, Elsy Joseph, Mary Joseph, Mary Kutty Joseph, Marina Jubac, Thresia Kutty Joy, Seok-Sook Jung, Lillian Junius, Aley Kalladanthyl, Jeong Hee Kang, Darlene Kedzior, Aleyamma Keny, Saraf Khan, Cheong Ja Kim, Hyun Kim, Yousan Kim, Mony Koshy, Jolly Kuncheria, Thankamma Kuriakose, Leelamma Kurian, Donna LaGuardia, Frances Laqui, Almatha Larry, Julieta Lavarez, Joann Lawrence-Allen, Beverly Kay Layne, Elizabeth Lee, Adaphne Leroy, Rita Littlejohn, Lydia Lood, Deborah Lowery, Molly Kutty Lukose, Mariamma Lukose, Jiji Lurose, Betty Lyles, Adaku N. Madubuko, Araceli Magundayao, Maria Mahmood, Hercules Annette Mahone, Accamma Maliakal, Edna Malik, Yolanda Manan, Maria Marzo, Rosita Marzo, Martha Mason, Aleyamma Mathew, Mary Kutty Mathew, Lerma Matthews, Margaret Maxwell, Milagros McChrystal, Tisha Harris Milsap, Sandra McCurry, Robert McGee, Willa Mitchell, Loris Monegaio, Carmen Montgomery, Kina Montgomery, Elizabeth Moore, Francis Moore, Sheryl Moore, Nancy Morton, Annie Moton, Milagros Muveta, Stella Mwakyoma, Rema Nair, Radhamani Nair, Blangafor Naron, Sherly Nella, Sally Nwafor, Ukachi Nwankpa, Josephine Nwawueze, Joy Nwigwe, Jerlean Nwokocha, Ifeanyi Nwokocha, Joanna Nwokocha, Adelila Obana, Loretta Odom, Chiazor Okafor, Clementine Okoji, Adeyooye Oluwayinka, Megan Owens, Lucy Owusu, Noel Paet, Shirley Paloma, James Pandazides, Kanchan Panchal, Cristina Pantaleon, Okja Park, Phylomina Paul, Tonie Renee Payne, Mary Ruth Peacock, Tanya Peaks, Jovita Peppers, Rosie Perry, Mary Philip, Eula Pierre, Anabelle Pinkerton, Libby Pokornik, Sandra Powell, Yupa Praditpan, Dorothea Purnell, Mary Raab, Alelita Ramos, Rizaluna Ramos, Emma Rarang, Shoba Reniguntala, Josephina Reyes, Datie Rhone, Joyce Richardson, Estrella Rigodon, Abnir Rodriguez, Irma Roque, Kathryn Ross, Emma Roundtree, Rosie Roy-Garcia, Anita Rubi, Jose G. Sagadraca, Marina Sales, Estela Sanchez, Judy Sanders, Rhonda Sanders, Souja Sanson, Sheryl Scarlett, Aley Sebastian, Lilia Sebastian, Mary Sebastian, Twitchy Siddiqui, Annamma Singh, Essie Smith, Cheryl Spearman, Andrea Spencer, Ethel Spencer, Mariflor Sumait, Teresita Supelana, Philishia Stokes, Celeste Sutton, Malee Suwanawong, Wilma

Tabotabo, Tiffany Taylor, Christina T. Thilagam, Teresa Thimes, Deenamma Thomas, Lizzy Thomas, Malindastine Thomas, Philomina Thomas, Susamma P. Thottathil, Aniceta Timkang, Janet Tims, Nena Tomas, Elizabeth Turner-Echols, Nkechinyere Ugenti, Edita Urgena, Joseph Uy, Aleyamma Varghese, Kuniga Vasavanont, Rosario Velasco, Anita Verdeprado, Buenaventura Vidad, Mark Vild, Letica L. Villaluz, Lalithambika Vojayan, Margaret Walker, Ruth Walker, Belinda Ware, Tina Warren, Cindy Weatherspoon, Deborah Webb, Crystal Williams, Gladys Williams, Louvenia Williams, Willa Williamson, Bernetta Winston, Susan Wissing, Patricia Wormely, Laurie Ziolk.

15. Defendant is at present, and was at all times hereinafter mentioned, engaged in the performance of related activities through unified operation or common control for a common business purpose and is an enterprise within the meaning of §3(r) of the FLSA, 29 U.S.C. §203(r). At all times relevant to this lawsuit, defendant has had many employees engaged in commerce and has been and remains an establishment of an enterprise engaged in commerce within the meaning of § 3(s)(6) of the FLSA, 29 U.S.C. §203(s).

16. Defendant is, and at all times material hereto was, a public agency within the meaning of § 3(x) of the FLSA, 29 U.S.C. §203(x).

17. Defendant has repeatedly and willfully violated, and continues to willfully violate §6 and §7 of the FLSA by failing to pay Plaintiffs and other similarly situated employees or former employees, for the hours worked by such employees in excess of forty (40) hours per week at a rate not less than one and one-half times the regular hourly rate at which such employees were compensated and by failing to pay Plaintiffs straight time for certain hours subsumed within the forty (40) hour work week. 29 U.S.C. §§ 206, 207.

18. Defendant has repeatedly and willfully violated and continues to violate §7 of the FLSA by requiring Plaintiffs to work more than forty (40) hours per week and then failing to compensate Plaintiff for hours worked by such employees in excess of forty (40) hours per week at a rate of not less than one and one-half times the regular hourly rate of such employees.

19. Defendant has repeatedly and willfully violated and continues to violate §7 of the FLSA in each of the following ways, among others:

- a. failing to pay plaintiffs straight time and/or overtime for time worked by them during daily pre- and post-shift briefings;
- b. failing to pay plaintiffs straight time and/or overtime for time worked by them during post-shift activities;
- c. failing to pay plaintiffs straight time and/or overtime for time worked by them during training activities;
- d. failing to pay plaintiffs straight time and/or overtime for other time worked by them without compensation while “off the clock”;
- e. failing to pay plaintiffs overtime based on the correct rate of overtime pay;
- f. failing to maintain the required records of hours worked and wages paid;
- g. and other violations of the FLSA to be determined during the course of discovery in this matter.

PRAYER FOR RELIEF

WHEREFORE, the plaintiffs, MARIA BELBIS, TINA WARREN, TIFFANY TAYLOR, DOROTHEA PURNELL, SHERLY NELLA, and all others who have filed a consent to join in this case, ask the Court to enter judgment in their favor, and against the defendant for the following relief:

- A. For a judgment for all back wages due, prejudgment interest in accordance with established federal case law and 815 ILCS 205/2 and liquidated damages, as provided by 29

U.S.C. § 216;

B. For reasonable attorney fees and costs of this action as provided by 29 U.S.C. § 216;

C. That this Court enter an injunction requiring the Defendant to comply with the Fair Labor Standards Act in the future; and

D. Such other and further relief that this Court deems just under the circumstances.

Respectfully submitted,

CHILDRESS & ZDEB, LTD.

By: Michael Childress
Attorneys for Plaintiffs

Michael Childress
Andrew Plunkett
Childress & Zdeb, Ltd.
6 West Hubbard , 5th Floor
Chicago, IL 60610
(312) 494-0200

AND

PETICOLAS, SHAPLEIGH, BRANDYS & KERN, P.L.L.C.

By: David L. Kern
Co-counsel for Plaintiffs (Appearing Pro Hac Vice)

David L. Kern
Texas State Bar No. 11334450
Roy R. Brandys
Texas State Bar No. 02883550
Peticolas, Shapleigh, Brandys & Kern, PLLC
701 N. St. Vrain
El Paso, Texas 79902
(915) 542-1983

EXHIBIT A

Childress & Zdeb, Ltd.
Attorneys at Law

6 West Hubbard Street • 5th Floor
Chicago, Illinois 60610
(312) 494-0200
Fax (312) 494-0202

July 27, 2001

Cook County Clerk
David Orr
69 West Washington, 5th Floor
Chicago, IL 60602

RECEIVED
DAVID ORR
COOK COUNTY CLERK
JUL 27 3 02 PM '01

NOTICE PURSUANT TO 225/1 ATTORNEYS FEES IN WAGES ACTION ACT

This letter is to serve as notice pursuant to 225/1 Attorneys Fees in Wages Action Act.

Our firm, Childress & Zdeb, Ltd, represents 258 nurses, currently or previously employed by Cook County Hospital, listed on the attached document. We intend to file a lawsuit that will be brought against the County of Cook for claims under the Illinois Minimum Wage Law, Wage Payment and Collection Act, and Fair Labors Standards Act..

We believe that the claims will be in the approximate amount of \$3,000 for each of the 258 nurses listed on the attached document. Therefore, pursuant to the requirement under section 225/1 of the Attorneys Fees in Wages Action Act, we demand \$3,000 for each nurse which in aggregate equals \$774,000.

You are hereby notified pursuant to 225/1 Attorneys Fees in Wages Action Act.

Respectfully,

CHILDRRESS & ZDEB, LTD.

By: Michael Childress
Attorneys for Plaintiffs

Michael Childress
Childress & Zdeb, Ltd.
6 West Hubbard
5th Floor
(312) 494-0200

RECEIVED BY _____
DATE _____
TIME _____
POSITION _____

Nurses Currently or Previously Employed by Cook County Intent on Pursuing Lawsuit

Ewonne Adams, Delerose Adetoro, Ernesto Agron, Mayflor Agustin, Gwendolyn Agyeman, Merle Alperto, Uloma Alozil, Rosalina Andrade, Virginia Arquines, Annie Augustin, Linda Bailey, Michelle Bailey, Leoria Baria, Maria Belbis, Judy Bernardo, Brandon Bernasor, David Beverly, Aida Bilyeu, Margaret Blake, Stacye Bonner, Magnolia Bowman, Sharon Brocks, Fay Burgess, Mary Bussey, Esperanza Camacito, Jacqueline Carr, Epifalia Cezar, Chill Chang, Doris Childs-Walker, Martese Chism, Kyangae Choe, Mary Choe, Sherly Chorath, Nora Christopher, Hyunsook Chun, Varanee Chuntrauasem, Michael Cleofe, Adrienne Cleveland, Lydia Cometa, Bienvenida Consuelo, Shirley Cook, Cherie Cordero, Rose Sharon Cordero, Mary Elizabeth Curtis, Elaine Daniels, Clara Davis, Gloria Davis, Estretta De La Vega, Maria Deang, Melissa Delapena, Joela Deleon, Eva Devarosa, Anna Devid, Brenetta Dickerson, Yvonne Dill, Lenaida Dimailig, Zenaida Dungca, Alice Eaton, Virginia Ebiringah, Willie Ann Edwards, Linda Eledan, Mary John Elengical, Jenny Enrique, Edna Estavillo, Gina Eugenio, Isabel Faircloth, Luzyiminda Famanas, Eva Fernandez, Kelly Flynn, Eunice Fondren, Mary Francis, Cristina Frederick, Arlene Fruel, Ann Fierson, Gloria Gaslor, Grace George, Rosily George, Salomy George, Susan Mathew George, Stacey Golden, Debra Graham, Ruby Greer, Gloria Hallmark, Leonila Harting, Annie Henderson, Nichelle Henderson, Victoria Hill, Sharon Hollivay, Eloise Hunt, Urai Hunvanioh, Almatha Hurst, Karin Hymel, Bokhee Hyun, Carmelita Ico, Choi Ine, Joann Ivy, Jacquelyn Jefferson, Mary Jenkins, Aleyamma John, Clarene Johnson, Maryann Johnson, Theresa Johnson, Cynthia Jones, Maeon Jones, Roann Jones, Beverly Joseph, Elsy Joseph, Mary Joseph, Mary Kutty Joseph, Marina Jubac, Thresia Kutty Joy, Seok-Sook Jung, Lillian Junius, Aley Kalladanthiyil, Jeong Hee Kang, Darlene Kedzior, Thawkamma Kuriakose, Aleyamma Keny, Saraf Khan, Cheong Ja Kim, Hyn Kim, Mony Koshy, Jolly Kuncheria, Leelamma Kurian, Donna LaGuardia, Frances Laqui, Julieta Lavarez, Joann Lawrence-Allen, Beverly Kay Layne, Elizabeth Lee, Adaphne Leroy, Rita Littlejohn, Lydia Lood, Deborah Lowery, Molly Kutty Lukose, Jiji Lurose, Araceli Magundayao, Hercules Annette Mahone, Accamma Maliakal, Edna Malik, Yolanda Manan, Maria Marzo, Rosita Marzo, Martha Mason, Lerma Matthews, Margaret Maxwell, Milagros McChrystal, Sandra McCurry, Robert McGee, Willa Mitchell, Loris Monegaio, Kina Montgomery, Elizabeth Moore, Francis Moore, Sheryl Moore, Nancy Morton, Annie Moton, Milagros Muveta, Stella Mwakyoma, Rema Nair, Radhamani Nair, Blangafor Naron, Sherly Nella, Sally Nwafor, Ukachi Nwankpa, Josephine Nwawueze, Joy Nwigwe, Ifeanyi Nwokocha, Joanna Nwokocha, Adelila Obana, Clementine Okoji, Adeyooye Oluwayinka, Megan Owens, Lucy Owusu, Noel Paet, Shirley Paloma, James Pandazides, Kanchan Panchal, Cristina Pantaleon, Okja Park, Phylomina Paul, Tonie Renee Payne, Mary Ruth Peacock, Tanya Peaks, Jovita Peppes, Rosie Perry, Mary Philip, Anabelle Pinkerton, Libby Pokornik, Sandra Powell, Yupa Praditpan, Dorothea Purnell, Mary Raab, Alelita Ramos, Rizaluna Ramos, Emma Rarang, Shoba Reniguntala, Josephina Reyes, Datie Rhone, Joyce Richardson, Estrella Rigodon, Abnir Rodriguez, Irma Roque, Kathryn Ross, Rosie Roy-Garcia, Anita Rubi, Marina Sales, Estela Sanchez, Judy Sanders, Rhonda Sanders, Souja Sanson, Sheryl Scarlett, Aley Sebastian, Lilia Sebastian, Twitchy Siddiqui, Annamma Singh, Essie Smith, Cheryl Spearman, Andrea Spencer, Ethel Spencer, Mariflor Sumait, Teresita Suplana, Philishia Stokes, Celeste Sutton, Malee Suwanawong, Wilma Tabotabo, Tiffany Taylor, Teresa Thimes, Deenamma Thomas, Lizy Thomas, Malindastine Thomas, Philomina Thomas, Aniceta Timkang, Janet Tims, Nena Tomas, Elizabeth Turner-

Echols, Nkechinyere Ugenti, Edita Urgena, Joseph Uy, Aleyamma Varghese, Kuniga Vasavanont, Rosario Velasco, Anita Verdeprado, Mark Vild, Lalithambika Vojayan, Ruth Walker, Belinda Ware, Tina Warren, Cindy Weatherspoon, Deborah Webb, Crystal Williams, Gladys Williams, Louvenia Williams, Willa Williamson, Bernetta Winston, Patricia Wormely, Laurie Ziolk.

EXHIBIT B

Class Plaintiffs with Attached Consent Forms

Eyvonne Adams, Delerose Adetoro, Ernesto Agron, Mayflor Agustin, Gwendolyn Agyeman, Merle Alperto, Uloma Alozil, Rosalina Andrade, Norma L. Arciaga, Virginia Arquines, Annie Augustin, Betty Augustine, Linda Bailey, Michelle Bailey, Leoria Baria, Maria Belbis, Judy Bernardo, Brandon Bernasor, David Beverly, Aida Bilyeu, Margaret Blake, Deborah Blaney, Stacye Bonner, Magnolia Bowman, Sharon Brocks, Velma D. Brawl, Fay Burgess, Mary Bussey, Esperanza Camacito, Jacqueline Carr, Lourdes A. Castillo, Epifalia Cezar, Chill Chang, Doris Childs-Walker, Martese Chism, Kyangae Choe, Mary Choe, Sherly Chorath, Nora Christopher, Hyunsook Chun, Varanee Chuntrauasem, Michael Cleofe, Adrienne Cleveland, Lydia Cometa, Bienvenida Consuelo, Shirley Cook, Cherie Cordero, Rose Sharon Cordero, Mary Elizabeth Curtis, Elaine Daniels, Clara Davis, Gloria Davis, Estretta De La Vega, Maria Deang, Melissa Delapena, Joela Deleon, Eva Devarosa, Anna Devid, Brenetta Dickerson, Yvonne Dill, Lenaida Dimailig, Zenaida Dungca, Alice Eaton, Chimatara Ebirim, Virginia Ebiringah, Willie Ann Edwards, Linda Eledan, Mary John Elengical, Jenny Enrique, Edna Estavillo, Gina Eugenio, Isabel Faircloth, Phoebe Fajardo, Luzyiminda Famanas, Eva Fernandez, Kelly Flynn, Eunice Fondren, Mary Francis, Cristina Frederick, Arlene Fruel, Ann Fierson, Gloria Gaslor, Grace George, Rosily George, Salomy George, Susan Mathew George, Stacey Golden, Elizabeth Goosby, Debra Graham, Ruby Greer, Dehlia Guingguing, Gloria Hallmark, Leonila Harting, Annie Henderson, Nichelle Henderson, Victoria Hill, Sharon Hollivay, Eloise Hunt, Urai Hunvanioh, Karin Hymel, Bokhee Hyun, Theresa Ibeabuchi, Carmelita Ico, Choi Ine, Joann Ivy, Ann P. Jackson, Perla F. Jagonase, Alma Jaromahum, Jacquelyn Jefferson, Mary Jenkins, Aleyamma John, Clarene Johnson, Maryann Johnson, Theresa Johnson, Yvette Johnson, Cynthia Jones, Maeon Jones, Patricia A. Jones, Roann Jones, Beverly Joseph, Elsy Joseph, Mary Joseph, Mary Kutty Joseph, Marina Jubac, Thresia Kutty Joy, Seok-Sook Jung, Lillian Junius, Aley Kalladanthiyil, Jeong Hee Kang, Darlene Kedzior, Aleyamma Keny, Saraf Khan, Cheong Ja Kim, Hyun Kim, Yousan Kim, Mony Koshy, Jolly Kuncheria, Thankamma Kuriakose, Leelamma Kurian, Donna LaGuardia, Frances Laqui, Almatha Larry, Julieta Lavarez, Joann Lawrence-Allen, Beverly Kay Layne, Elizabeth Lee, Adaphne Leroy, Rita Littlejohn, Lydia Lood, Deborah Lowery, Molly Kutty Lukose, Mariamma Lukose, Jiji Lurose, Betty Lyles, Adaku N. Madubuko,

Araceli Magundayao, Maria Mahmood, Hercules Annette Mahone, Accamma Maliakal, Edna Malik, Yolanda Manan, Maria Marzo, Rosita Marzo, Martha Mason, Aleyamma Mathew, Mary Kutty Mathew, Lerma Matthews, Margaret Maxwell, Milagros McChrystal, Tisha Harris Milsap, Sandra McCurry, Robert McGee, Willa Mitchell, Loris Monegaio, Carmen Montgomery, Kina Montgomery, Elizabeth Moore, Francis Moore, Sheryl Moore, Nancy Morton, Annie Moton, Milagros Muveta, Stella Mwakyoma, Rema Nair, Radhamani Nair, Blangafor Naron, Sherly Nella, Sally Nwafor, Ukachi Nwankpa, Josephine Nwawueze, Joy Nwigwe, Jerlean Nwokocha, Ifeanyi Nwokocha, Joanna Nwokocha, Adelila Obana, Loretta Odom, Chiazor Okafor, Clementine Okoji, Adeyooye Oluwayinka, Megan Owens, Lucy Owusu, Noel Paet, Shirley Paloma, James Pandazides, Kanchan Panchal, Cristina Pantaleon, Okja Park, Phylomina Paul, Tonie Renee Payne, Mary Ruth Peacock, Tanya Peaks, Jovita Peppers, Rosie Perry, Mary Philip, Eula Pierre, Anabelle Pinkerton, Libby Pokornik, Sandra Powell, Yupa Praditpan, Dorothea Purnell, Mary Raab, Alelita Ramos, Rizaluna Ramos, Emma Rarang, Shoba Reniguntala, Josephina Reyes, Datie Rhone, Joyce Richardson, Estrella Rigodon, Abnir Rodriguez, Irma Roque, Kathryn Ross, Emma Roundtree, Rosie Roy-Garcia, Anita Rubi, Jose G. Sagadraca, Marina Sales, Estela Sanchez, Judy Sanders, Rhonda Sanders, Souja Sanson, Sheryl Scarlett, Aley Sebastian, Lilia Sebastian, Mary Sebastian, Twitchy Siddiqui, Annamma Singh, Essie Smith, Cheryl Spearman, Andrea Spencer, Ethel Spencer, Mariflor Sumait, Teresita Supelana, Philishia Stokes, Celeste Sutton, Malee Suwanawong, Wilma Tabotabo, Tiffany Taylor, Christina T. Thilagam, Teresa Thimes, Deenamma Thomas, Lizy Thomas, Malindastine Thomas, Philomina Thomas, Susamma P. Thottathil, Aniceta Timkang, Janet Tims, Nena Tomas, Elizabeth Turner-Echols, Nkechinyere Ugenti, Edita Urgena, Joseph Uy, Aleyamma Varghese, Kuniga Vasavanont, Rosario Velasco, Anita Verdeprado, Buenaventura Vidad, Mark Vild, Letica L. Villaluz, Lalithambika Vojayan, Margaret Walker, Ruth Walker, Belinda Ware, Tina Warren, Cindy Weatherspoon, Deborah Webb, Crystal Williams, Gladys Williams, Louvenia Williams, Willa Williamson, Bernetta Winston, Susan Wissing, Patricia Wormely, Laurie Ziolk.

CONSENT FORM

I, (printed name) EYVONNE J. ADAMS, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Eyvonne J. Adams
Signature

6/2/01
Date

CONSENT FORM

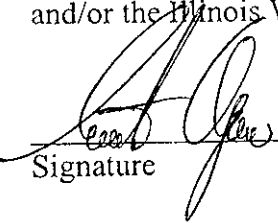
I, (printed name) DELEROSE A. ADRIANO, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

DeleRose Adriano
Signature

6/20/01
Date

CONSENT FORM

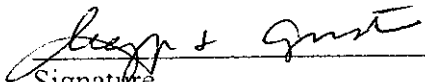
I, (printed name) Ernesto Aguin, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.


Signature

6/20/01
Date

CONSENT FORM

I, (printed name) MAYFLORE F. AGUSTIN, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.


Signature

6/20/01
Date

CONSENT FORM

I, (printed name) Gwendolyn I. Agyeaman, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Gwendolyn I. Agyeaman
Signature

June 20, 01
Date

CONSENT FORM

I, (printed name) MERLE ALBERTO, am a current/former (circle one) employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Merle Alberto
Signature

07-05-01
Date

CNT
Position

CONSENT FORM

I, (printed name) Ulooma E. Abozie, am a current/former (circle one) employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Ulooma E. Abozie
Signature

07/04/01
Date

CNI
Position

CONSENT FORM

I, (printed name) ROSALINA F ANDRADE, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Rosalina F Andrade
Signature

6-20-01
Date

CONSENT FORM

I, (printed name) NORMA L. ARC/AGA, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Norma L. Arciaga
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) VIRGINIA D. ARQUINIS, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Virginia D. Arquinis
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) ANNIE AUGUSTIN, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Annie Augustin
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) BETTY AUGUSTINE, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Betty Augustine
Signature

6/21/01
Date

RW

CONSENT FORM

I, (printed name) Linda Bailey, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Linda Bailey
Signature

6-21-01
Date

LPN

CONSENT FORM

I, (printed name) Michelle Bailey, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Michelle Bailey
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) LEONIA I. BARRA RN, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Leonie I. Barra
Signature

6/26/01
Date

CONSENT FORM

I, (*printed name*) MARIA BEUBIS, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Maria Beubis RN
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) JUDY R. BERNARDO, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Judy Bernardo
Signature

6/21/01
Date

CONSENT FORM

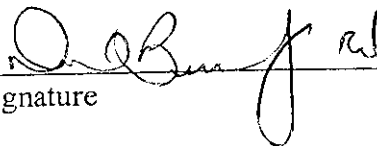
I, (printed name) BRANDON BERNASOR, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.


Signature

6-20-2001
Date

CONSENT FORM

I, (printed name) DAVID BEVERLY, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.


Signature

6/20/01
Date

CONSENT FORM

I, (printed name) AIDA M. BILYEN, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Aida M. Bilyen
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) Margaret Blake, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Margaret Blake
Signature

6-20-01
Date

CONSENT FORM

I, (printed name) DEBORAH BLANEY, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Deborah Blaney
Signature

6-20-01
Date

CONSENT FORM

I, (printed name) Stacye Bonner, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Stacye Bonner
Signature

8/20/01
Date

CONSENT FORM

I, (printed name) Magnolia Bowman, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Magnolia Bowman
Signature

6/24/01
Date

CONSENT FORM

I, (printed name) Sharon Brooks, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Sharon Brooks
Signature

6/21/01
Date

KN
RetiredCONSENT FORM

I, (printed name) Velma D. Brown, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Velma D. Brown
Signature

8-28-01
Date

CONSENT FORM

I, (printed name) FAY BURGESS, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Fay Burgess
Signature

6-21-01
Date

CONSENT FORM

I, (printed name) Mary L. Bussey, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Mary Louise Bussey
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) ESPERANZA M. Camacho, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Esperanza M Camacho WJ
Signature

6-27-01
Date

CONSENT FORM

I, (printed name) Jacqueline Carr, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Jacqueline Carr
Signature

6.21.01
Date

CONSENT FORM

I, (printed name) LOURDES A. CASTILLO, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

LOURDES A. CASTILLO
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) EPITALIA T. CEAR, am a ~~current~~ or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Epitalia T. Cear
Signature

6-20-01
Date

CONSENT FORM

I, (printed name) CHILL R. CHANG, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Chill R Chang
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) Doris S. Childs-Walker, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Doris S. Childs-Walker
Signature

06-20-01
Date

CONSENT FORM

I, (printed name) Martese L. Chism, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Martese L. Chism
Signature

6-21-01
Date

CONSENT FORM

I, (printed name) Kyangae Choe, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Kyangae Choe
Signature

6/20/01
Date

NN

CONSENT FORM

I, (printed name) MARY CHOE, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Mary Choe
Signature

6-21-01
Date

CONSENT FORM

I, (printed name) SHERLY CHORATH, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Sherly Vasile Chorath
Signature

6.28.01
Date

CONSENT FORM

I, (printed name) NORA CHRISTOPHER am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Nora Christopher
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) HYUNSOOK CHUN, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Hyunsook Chun
Signature

6-20-01
Date

CONSENT FORM

I, (printed name) @HUNTRAKASEM, VARNNEE, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

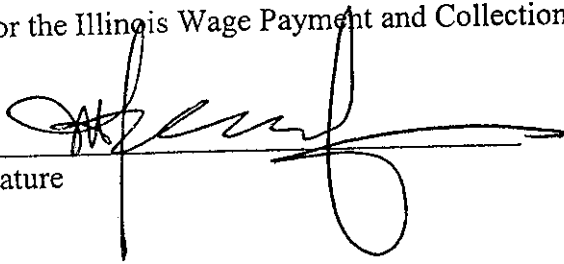
Varnnee Amtrakasem
Signature

06-19-01
Date

CONSENT FORM

I, (printed name) LENE MICHAEL T. CLEOTE am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Signature



Date

06/20/01

CONSENT FORM

I, (printed name) Adrienne Cleveland, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Adrienne Cleveland
Signature

6-29-01
Date

CONSENT FORM

I, (printed name) Lydia G. COMETA, RN, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Lydia G. Cometa, RN
Signature

6-21-01
Date

CONSENT FORM

I, (printed name) BIENVENIDA CONSUELO, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

BIENVENIDA CONSUELO
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) Shirley Cook, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Shirley Cook
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) Cherie A. Cordero, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Cherie A. Cordero
Signature

June 21, 2001
Date

CONSENT FORM

I, (printed name) ROSE SHARON CORDELL, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Rose Sharon J. Cordell
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) MARY ELIZABETH CURTIS, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Mary Elizabeth Curtis
Signature

6-26-2001
Date

CONSENT FORM

I, (printed name) ELAINE L. DANIELS, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Elaine L. Daniels
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) Clara Davis, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Clara Davis
Signature

6-20-01
Date

CONSENT FORM

I, (printed name) Gloria Davis, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Gloria Davis
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) Estreita C. de la Vega am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Estreita C. de la Vega
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) MARIA E. DEANG, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Maria E. Deang
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) MELISSA M. DELAPENA, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Mmdelapena RW
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) JOELA DE LEON, am a current/former (circle one) employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Joela De Leon
Signature

7/2/01
Date

CNH
Position

CONSENT FORM

I, (printed name) EVA A. DEVA ROSA, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Eva A. De la Rosa
Signature

6-20-01
Date

CONSENT FORM

I, (printed name) ANNA DEVID, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Anna Devid
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) BRENETTA E. DICKERSON, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Brenetta E. Dickerson
Signature

06/20/2001
Date

CONSENT FORM

I, (printed name) Yvonne DILL, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Yvonne Dill RN
Signature

6/21/2001
Date

CONSENT FORM

I, (printed name) ZENAIDA P. DIMAILLO, am a current/former (circle one) employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Zenaida P. Dimaillo
Signature

7/16/01
Date

REGISTERED STAFF NURSE
Position

R

CONSENT FORM

I, (printed name) ZENAIDA I. DUNGCA am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Zenaida I. Dungca
Signature

6-21-01
Date

CONSENT FORM

I, (printed name) Alice Eaton, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Alice Eaton
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) CHIMATARA EBIRIM, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Chimatar Ebirim
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) VIRGINIA EBIRINGAH, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Virginia Ebiringah
Signature

6/28/01
Date

VCE

CONSENT FORM

I, (printed name) Willie Ann EDWARDS, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.


Signature

6-20-01
Date

CONSENT FORM

I, (printed name) LINDA C. Eledan, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Linda C. Eledan
Signature

6-20-01
Date

CONSENT FORM

I, (printed name) MARY JOHN ELENKICAL, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Signature



Date

6/20/01

CONSENT FORM

I, (printed name) JENNY C. ENRIQUE, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Jenny C. Enrique
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) EDNA ESTAVILLO, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Edna Estavillo
Signature

6-21-01
Date

CONSENT FORM

I, (printed name) GINA M. EUGENIO, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Gina M. Eugenio
Signature

June 23, 2001
Date

CONSENT FORM

I, (printed name) ISABEL FAIRCLOTT, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Isabel Fairclott
Signature

6/20/01
Date

CONSENT FORM

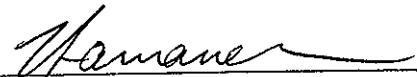
I, (printed name) PHOEBE FAJARDO, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Phoebe Fajardo
Signature

6-20-01
Date

CONSENT FORM

I, (printed name) LUZVIMIANA FAMANAS, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.


Signature

8/21/01
Date

CONSENT FORM

I, (printed name) EVA P FERNANDEZ, RN, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Eva Fernandez CNH
Signature

June 21, 2001
Date

CONSENT FORM

I, (printed name) Kelly Flynn, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Kelly Flynn
Signature

6/20/07
Date

CONSENT FORM

I, (printed name) Eunice Fordner, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Eunice Fordner
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) MARY FRANCIS, am a current or ~~former~~ ^{con} employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Mary Francis
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) Cristina Frederick am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Cristina Frederick
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) Arlene Erue, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Arlene B. Erue
Signature

7/18/01
Date

CONSENT FORM

I, (printed name) ANN FRICKER, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Ann Fricker
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) GLORIA MAE GASIOR, am a current/former (circle one) employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Signature

Gloria Mae Gasior

Date

6/29/01

Position

RN - CLINICAL Nurse I

CONSENT FORM

I, (printed name) GRACE GEORGE, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Grace George
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) ROSILY GEORGE, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Rosily George
Signature

6. 20-01
Date

CONSENT FORM

I, (printed name) SALOMY GEORGE, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Salomy George
Signature

6/21/001
Date

CONSENT FORM

I, (printed name) Susan Mathew George, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Susan Mathew George
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) Stacey Golden, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Stacey Golden
Signature

6/21/01
Date

LBN

CONSENT FORM

I, (printed name) Elizabeth Goosby, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Elizabeth Goosby
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) Debra Graham, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Debra Graham
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) Ruby GREEK, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Ruby Greek
Signature

6-20-01
Date

RA
RetiredCONSENT FORM

I, (printed name) DEHLIA GUINGGUING, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Dehlia Guingguing
Signature

6-20-01
Date

CONSENT FORM

I, (printed name) Gloria L Hallmark, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Gloria L Hallmark
Signature

6-20-01
Date

CONSENT FORM

I, (printed name) LEONILA C. HARTING, am ~~a current~~ or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Leonila C. Harting
Signature

June 20/001
Date

CONSENT FORM

I, (printed name) Annie L. Henderson, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Annie L. Henderson
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) Nichelle V. Henderson, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Nichelle V. Henderson
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) Victoria Lane Hill, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Victoria Lane Hill
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) Sharon Hollivay Cole, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Sharon E. Hollivay Cole
Signature

6-20-01
Date

CONSENT FORM

I, (printed name) Eloise Hunt, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Eloise Hunt RN
Signature

6-21-01
Date

CONSENT FORM

I, (printed name) URAI HUNVANICH, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Suren Hunvanich
Signature

8/20/01
Date

CONSENT FORM

I, (printed name) KARIN HYMEC, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Karin Hymec
Signature

6.20.01
Date

CONSENT FORM

I, (printed name) BOKHEE HYUN, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Bokhee Hyun
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) TERESA TREBULCHI, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Teresa Trebulchi
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) CARMELITA S. I CO, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Carmelita S. I CO
Signature

6-21-01
Date

CONSENT FORM

I, (printed name) CHOI, INE, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Signature

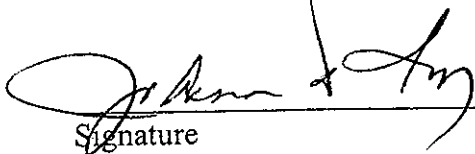
INE

Date

6-20-01

CONSENT FORM

I, (printed name) JD Ann Ivy, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.


Signature

6/20/01
Date

CONSENT FORM

I, (printed name) Ann P. Jackson, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Ann P. Jackson
Signature

6/21/01
Date

Retired

CONSENT FORM

I, (printed name) PERLA F. JAGONASE, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Perla F. Jagonase
Signature

June 20, 2001
Date

CONSENT FORM

I, (printed name) ALMA JARDONAHUM, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

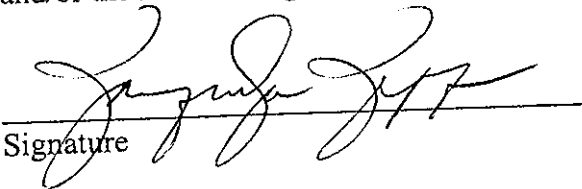
Alma Jardonahum
Signature

7/26/01
Date

CONSENT FORM

I, (printed name) Lequisha LePerson, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Signature



Date

6/20/

CONSENT FORM

I, (printed name) Mary E. Jenkins Ks BSW, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Mary E. Jenkins
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) (First name) ALEYAMMA (last name) JOHN, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Aleyamma John
Signature

6-20-01
Date

CONSENT FORM

I, (printed name) Clarene Johnson, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Clarene Johnson
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) MARGARET JOHNSON, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Margaret Johnson
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) Theresa Johnson, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Theresa Johnson
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) Wette Johnson, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Wette Johnson
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) Cynthia Jones, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Cynthia Jones
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) MAEON JONES, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Maeson Jones L.P.N.²
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) PATRICIA A JONES, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Patricia A Jones
Signature

06/21/01
Date

CONSENT FORM

I, (printed name) RODAN JONES, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Rodan Jones UPN#
Signature

6/28/01
Date

CONSENT FORM

I, (printed name) Beverly Joseph, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Beverly Joseph RN
Signature

06-21-01
Date

CONSENT FORM

I, (printed name) ELSY G. JOSEPH, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Elsy G. Joseph
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) MARY J. JOSEPH, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

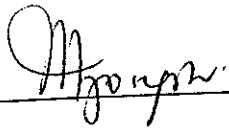
Mary Joseph
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) MARY KUTTY JOSEPH, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Signature



Date

06.21.01

CONSENT FORM

I, (printed name) MARINA M. JUBAC, am a current former (circle one) employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Marina M. Jubac
Signature

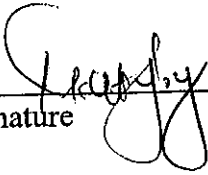
07-04-01
Date

CN I
Position

CONSENT FORM

I, (printed name) THRESIA KUTTY JOY, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Signature



Date

6/21/01

CONSENT FORM

I, (printed name) JUNG, SEOK-SEON, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Seuk S. Jung
Signature

06/20/2001
Date

CONSENT FORM

I, (printed name) LILLIAN JUNIUS, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Lillian Junius
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) ALEY KALLADANTHYIL, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Aley Kalladanthyl
Signature

6-20-01
Date

CONSENT FORM

I, (printed name) JEONG HEE KANG, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Jeong Hee Kang
Signature

6-21-2001
Date

CONSENT FORM

I, (printed name) DARLENE KEDZIOR KW, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Darlene Kedzior KW
Signature

6/20/01
Date

R.N.

CONSENT FORM

I, (printed name) ALEYAMMA, KENY, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

AKeny
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) SARAF.M. KHAN, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Saraf Masoom Khan
Signature

6/20/2001
Date

CONSENT FORM

I, (printed name) CHEONG JA KIM, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Cheong Ja Kim
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) Hyun S. Kim, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Hyun S. Kim
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) Kim, You Sun, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Kim You Sun
Signature

6-21-01
Date

CONSENT FORM

I, (printed name) MONY KOSHY, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Mony Koshy K
Signature

8/23/01
Date

CONSENT FORM

I, (printed name) JOLLY S KUNCHERIA, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Jolly S Kuncheria
Signature

6-21-01
Date

CONSENT FORM

I, (printed name) THANKAMMA KURIALOSE, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Thankamma Kurialose
Signature

7-18-2001
Date

CONSENT FORM

I, (printed name) Leelamma Kurian, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Leelamma Kurian
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) Donna LaGuardia, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Donna LaGuardia
Signature

7/7/01
Date

CONSENT FORM

I, (printed name) FRANCES R. LAQUET, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Frances R. Laquet
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) Alma Lamy, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

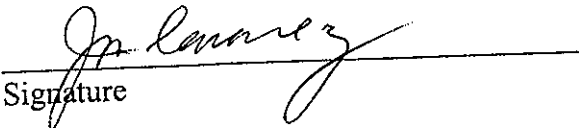
Alma Lamy
Signature

6/20/07
Date

CONSENT FORM

I, (printed name) Julietta M. LAHAREZ, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Signature



Date

6/20/01

CONSENT FORM

I, (printed name) JOANN LAWRENCE-ALLEN, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Joann Lawrence-Allen
Signature

6-20-01
Date

CONSENT FORM

I, (printed name) BEVERLY KAY LAYNE, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Beverly Kay Layne
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) ELIZABETH E. LEE, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Elizabeth E. Lee
Signature

6-21-01
Date

CONSENT FORM

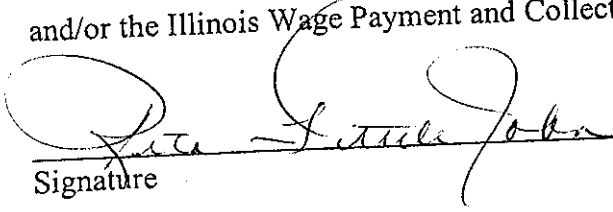
I, (printed name) Adaphne Leroy, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Adaphne Leroy
Signature

6 - 20 - 01
Date

CONSENT FORM

I, (printed name) RITA LITTLEJOHN, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.


Signature

6/20/01
Date

CONSENT FORM

I, (printed name) LYDIA C. LOOP, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Lydia C. Loop
Signature

6/26/01
Date

CONSENT FORM

I, (printed name) Deborah Lowery, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Signature

Deborah Lowery

Date

6/30/01

CONSENT FORM

I, (printed name) Molykutty Lukose ^{CN1}, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Molykutty Lukose
Signature

06/21/01
Date

CONSENT FORM

I, (printed name) MARIAMMA LUKOSZ, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Mariamma Lukosz
Signature

6/20/01.
Date

CONSENT FORM

I, (printed name) JNI LUROSE, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

JNI LuRose
Signature

08/09/01
Date

CONSENT FORM

I, (printed name) Betty Lykes, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Signature

Betty Lykes

Date

6/30/01

CONSENT FORM

I, (printed name) Madubuko MADUBUKO ADAKU - N., am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

AMadubuko
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) _____, am a current/former (circle one) employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Priscilla Rodriguez
Signature

07/06/01
Date

Registered Nurse
Position

CONSENT FORM

I, (printed name) MARIA ELENA C. MAKHMOOD, am current/former (circle one) employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

M. Makhmoood
Signature

7/25/01
Date

Clinical Nurse I
Position

CONSENT FORM


I, (printed name) Hercules Annette Mahone, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Hercules Annette Mahone
Signature

June 21, 2001
Date

CONSENT FORM

I, (printed name) ACCAMMA. MAZIAKAL., am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.


Signature

06/20/07.
Date

CONSENT FORM

I, (printed name) EDNA MALIK, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Edna Malik
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) Yolanda Manan, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Yolanda Manan
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) MARIA MARZO, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Maria Marzo
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) ROSITA G. MARRO, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Signature

Rosita G. Marro

Date

6/28/01

CONSENT FORM

I, (printed name) MARTIN L HASON, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Martin L Hason
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) Aleymma MATTHEW, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Aleymma MATTHEW
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) Marybuddy Mathew, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Marybuddy Mathew
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) Lerna Matthews, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Lerna Matthews
Signature

6-20-01
Date

CONSENT FORM

I, (printed name) MARGARET MAXWELL, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Margaret Maxwell
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) Milagros McChrystal, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Milagros McChrystal
Signature

8-20-01
Date

CONSENT FORM

I, (printed name) Tisha Harris-Milby am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Tisha Harris-Milby
Signature

6/20/01
Date

CONSENT FORM

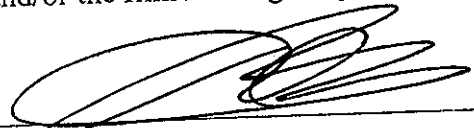
I, (printed name) SANDRA McCURRY, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Sandra McCurry
Signature

6-21-01
Date

CONSENT FORM

I, (printed name) Robert McGee, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.


Signature

6-20-01
Date

CONSENT FORM

I, (printed name) Willa Mitchell, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Willa Mitchell
Signature

6-20-01
Date

CONSENT FORM

I, (printed name) Loris Monaghan, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Loris Monaghan
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) Carmen Montgomery, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Carmen Montgomery
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) Kina L. Montgomery, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Kina L. Montgomery
Signature

June 21, 01
Date

CONSENT FORM

I, (printed name) ELIZABETH WLOOKE, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Elizabeth Wlooke
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) FRANCES N MOORE, am a current/former (circle one) employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Frances N. Moore
Signature

7-17-01
Date

L.P.N.
Position

CONSENT FORM

I, (printed name) Sheryl Moore RN, CNI, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Sheryl Moore
Signature

6-21-01
Date

CONSENT FORM

I, (printed name) Nancy Martin, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Signature Nancy Martin

Date 6/21/01

CONSENT FORM

I, (printed name) ANNIE MOTON, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Annie Moton
Signature

6-20-2001
Date

CONSENT FORM

I, (printed name) MILAGROS MULETA, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Milagros Muleta
Signature

JUNE 20, 2001
Date

CONSENT FORM

I, (printed name) Stella Mwalayoma, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Stella Mwalayoma
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) Rema Nair, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Rema Nair
Signature

6/20/01
Date

CONSENT FORM

I, *(printed name)* RADHAMANI NAIK, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Radhamani Naik
Signature

6-26-2001
Date

CONSENT FORM

I, (printed name) BLANCFLORE NARON, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Blancaflo G. Naron
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) SHERLY NELLA, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Sherly Nella
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) SALLY NWAFORE, am a current/former (circle one) employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Sally Nwafor
Signature

6/29/01
Date

Clinical Nurse I
Position

CONSENT FORM

I, (printed name) UKACHI NWANKPA, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

UKACHI O. NWANKPA
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) JOSEPHINE A. NNAWUEZE, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Josephine A. Nnawueze
Signature

06-21-01
Date

RN

CONSENT FORM

I, (printed name) JOY NWLGWE, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Joy Nwlgwe
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) Terlean Nwokocho, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Terlean Nwokocho
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) IFEANYI NWOKOCHA, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

IFEANYI NWOKOCHA
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) JOANNA NWOKOCHA, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Joanna Nwokocho
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) OBASIA, ADENIA C., am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Adenia C. Evans
Signature

6/20/07
Date

RN

CONSENT FORM

I, (printed name) Loretta Odom, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Loretta Odom
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) CHHAZOR OKAFOR am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Chhazor Okafor
Signature

7/10/01
Date

CONSENT FORM

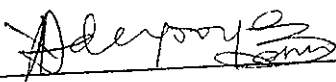
I, (printed name) Clementina Okaji, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Clementina Okaji
Signature

6-22-01
Date

CONSENT FORM

I, (printed name) ADEYOYE OLUWAYINKA, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.


Signature

6/21/01
Date

CONSENT FORM

I, (printed name) Megan Owens, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Megan Owens
Signature

6/20/2001
Date

CONSENT FORM

I, (printed name) Lucy Owusu, am a current/former (circle one) employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Lucy Owusu
Signature

7/15/01
Date

Nurse Practitioner
Position

CONSENT FORM

I, (printed name) NOEL PAET, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Noel Paet
Signature

6/20/2001
Date

CONSENT FORM

I, (printed name) SHIRLEY C. PALOMA, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Shirley C. Paloma
Signature

6/20/07
Date

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87

PANDAZIDES

PAGE

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CHILDRESS & ZDEB

P.07/12

CONSENT FORM

I, (printed name) JAMES PANDAZIDES, am a current/former (circle one) employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

James Pandazides
Signature

7/10/01
Date

B.N. CNII
Position

CONSENT FORM

I, (printed name) KANCHAN - J. PANCHAL, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Kanchan Panchal
Signature

6-20-01
Date

CONSENT FORM

I, (printed name) CRISTINA D. PANTALEON, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Cristina D. Pantaleon
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) PARK, OK JA, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

OK Park
Signature

6-20-01
Date

CONSENT FORM

I, (printed name) PHYLOMINA PAUL, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Phylomina Paul
Signature

6-20-01
Date

CONSENT FORM

I, (printed name) Tonie Renee Payne, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Tonie Renee Payne
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) Mary Ruth Peacock, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Mary Ruth Peacock
Signature

6/20/01
Date

Retracted

CONSENT FORM

I, (printed name) Tanya Peaks, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Tanya Peaks
Signature

6/28/01
Date

CONSENT FORM

I, (printed name) Jovita Peppers, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Jovita Peppers
Signature

June 20, 2001
Date

CONSENT FORM

I, (printed name) ROSIE PERRY, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Rosie Perry
Signature

6/28/01
Date

CONSENT FORM

I, (printed name) MARY K PHILIP, am a current/former (circle one) employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Mary K Philip
Signature

7/12/01
Date

RN
Position

22N

CONSENT FORM

I, (printed name) EULA PIERRE, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Eula Pierre
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) Anabelle Pinkerton, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Anabelle Pinkerton
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) LIBBY POKORNIK, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Libby Pokornik
Signature

6-20-01
Date

CONSENT FORM

I, (printed name) SANDRA POWELL, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Sandra Powell
Signature

6-20-01
Date

CONSENT FORM

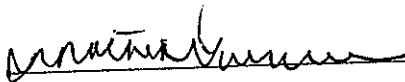
I, (printed name) YUPA PRADITPAN, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Yupa Praditpan
Signature

JUNE 21, 01
Date

CONSENT FORM

I, (printed name) DOROTHEA PURNELL, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.


Signature

6-20-01
Date

CONSENT FORM

I, (printed name) MARY Rabb, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Mary Rabb
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) Alelita G. Ramos, RN, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Alelita G. Ramos RN
Signature

6/21/01
Date

CONSENT FORM

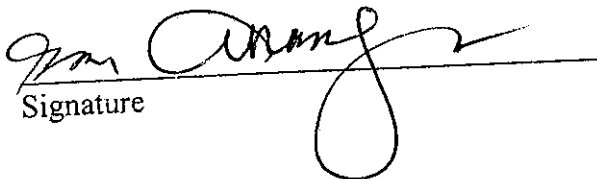
I, (printed name) RIZALINA M. RAMOS, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Rizalina M. Ramos
Signature

6-21-01
Date

CONSENT FORM

I, (printed name) EMMA A RARRANG, RN, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.


Signature

6/20/01
Date

CONSENT FORM

I, (printed name) SHOBHA RENIGUNTALA, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Shobha Reniguntala
Signature

6-21-01
Date

CONSENT FORM

I, (printed name) JOSEFINA N. Reyes, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Signature Josefina Reyes

Date 6/20/01

CONSENT FORM

I, (printed name) Datie Mae Rhone, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Datie Mae Rhone
Signature

6-20-01
Date

CONSENT FORM

I, (printed name) Joyce D. Richardson, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Joyce Richardson
Signature

06-20-01
Date

CONSENT FORM

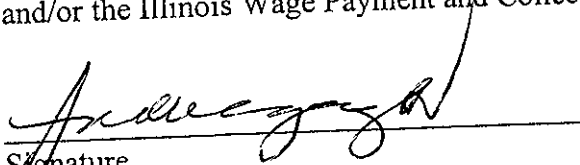
I, (printed name) Estrella C. Rigodon, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Estrella C. Rigodon
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) ABYIR RODRIGUEZ, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.


Signature

6-21-07
Date

CONSENT FORM

I, (printed name) JANA M ROGUE, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Jana M Rogue
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) KATHRYN ROSS, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Kathryn Ross
Signature

June 20 2001
Date

CONSENT FORM

I, (printed name) EMMA ROUNOTRE, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Emma Rountre
Signature

6/27/01
Date

CONSENT FORM

I, (printed name) ROSIE ROY - GARCIA, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Rosie Roy Garcia
Signature

6-20-01
Date

CONSENT FORM

I, (printed name) _____, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Quita A. Rubi
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) JOSE E. SABADRA CA am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Jose E. Sabadra
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) MARINA SALES, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Marina Sales
Signature

June 20, 2001
Date

CONSENT FORM

I, (printed name) Estela F. Sanchez, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Estela F. Sanchez
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) JUDY SANDERS, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Judy Sanders
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) Rhonda Sanders, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Rhonda Sanders
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) SOUTA SANSON, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Souta Sanson
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) SHERYL SCARLETT, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Sheryl Scarlett
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) ALEY SEBASTIAN, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

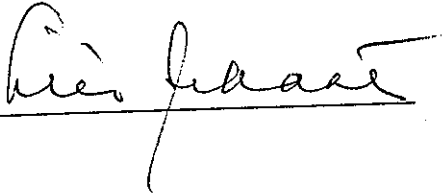
Aley Sebastian
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) LILIA M SEBASTIAN, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Signature



Date

6/21/01

CONSENT FORM

I, (printed name) MARY SEBASTIAN, am a current/former (circle one) employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

M Sebastian
Signature

7/14/01
Date

CHI
Position

CONSENT FORM

I, (printed name) Twitay Siddiqui, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Twitay Siddiqui
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) SINGH, ANNAMMA, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

AS Singh RW
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) _____, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Kerrie Smith
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) Cheryl Spearman, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Cheryl Spearman
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) ANDREA SPENCER, am a current/former (circle one) employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Andrea Spencer
Signature

6/30/01
Date

L.P.N.
Position

CONSENT FORM

I, (printed name) Spencer, Ethel, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Ethel Spencer RN
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) Wanda M. Summitt, am a current former (circle one) employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Wanda M. Summitt
Signature

05 July 2001
Date

CN1 TRAUMA = WARD 12 + 12R
Position

CONSENT FORM

I, (printed name) TERESITA SUPELANA, am a current/former (circle one) employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Teresita Supelana
Signature

7/01/01
Date

CP-I (STAFF NURSE-RN)
Position

CONSENT FORM

I, (printed name) Philishia Stokes, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Philishia Stokes
Signature

8/20/01
Date

CONSENT FORM

I, (printed name) Celeste Sutton, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Celeste Sutton
Signature

06/21/01
Date

CONSENT FORM

I, (printed name) MALEE SUWANAWONG, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

MaLee Suwanawong
Signature

6 / 20 / 01
Date

CONSENT FORM

I, (printed name) WILMA C. TABOTABO, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Wilma C. Tabotabo
Signature

June 20, 2001
Date

CONSENT FORM

I, (printed name) Tiffany N. Taylor, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Tiffany N. Taylor
Signature

June 20, 2001
Date

CONSENT FORM

I, (printed name) CHRISTINA THILGAM, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Christina Thilgam
Signature

6-21-01
Date

CONSENT FORM

I, (printed name) Teresa M. Thines, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Teresa M. Thines
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) DEENAMMA THOMAS, am a current/former (circle one) employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Deenamma Thomas
Signature

7/14/01
Date

CNI
Position

CONSENT FORM

I, (printed name) LIZY THOMAS, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Lizy Thomas RA
Signature

06-25-01
Date

CONSENT FORM

I, (printed name) Malinda Stine Thomas, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Malinda Stine Thomas
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) PHILOMINA THOMAS, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Philomina Thomas
Signature

06-26-01
Date

CONSENT FORM

I, (printed name) SUSANNA P THOTTATHIL, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Susanna P Thottathil
Signature

6/21/01
Date

RIN

CONSENT FORM

I, (printed name) ANICETA TIMKANG am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Aniceta Timkang
Signature

6-21-01
Date

CONSENT FORM

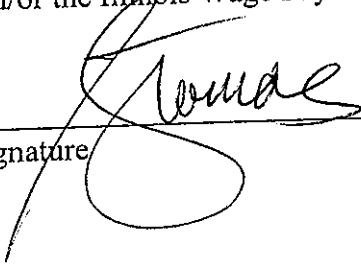
I, (printed name) Janet E. Tims, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Janet E. Tims
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) NEENA TOMAS, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Signature 

Date 6-20-01

CONSENT FORM

I, (printed name) ELIZABETH ^{TURNER-} ECHOLS, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Signature

Elizabeth Echols

Date

6/21

CONSENT FORM

I, (printed name) NKECHINYERE UGEMIL, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Nkechinyere Ugemil
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) EDITA M. URGENA, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Edita M. Urgena
Signature

6-21-01
Date

CONSENT FORM

I, (printed name) JOSEPH B. Uly, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

JOHN B. Uly
Signature

6/21/07
Date

CONSENT FORM

I, (printed name) ALEXANDRA VARGHESE^{SE} am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Alexandra Varghese
Signature

6-20-01
Date

CONSENT FORM

I, (printed name) KUNIGA VASAVANANT, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Kuniga Vasavanant
Signature

6/10/01
Date

CONSENT FORM

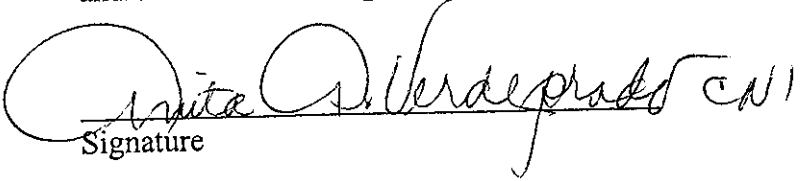
I, (printed name) ROSANO B. VELASCO, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

R. B. Velasco
Signature

6-25-01
Date

CONSENT FORM

I, (printed name) Anita A. VERDEPRADO, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.


Signature

6-20-2001
Date

CONSENT FORM

I, (printed name) BUENAVENTURA B. VILLADA, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.


Signature

06/20/01
Date

CONSENT FORM

I, (printed name) Mark E Vile, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Mark E Vile
Signature

6-20-01
Date

CONSENT FORM

I, (printed name) LETICIA L. VILLALBA, am a current or (former employee) of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Leticia L. Villalba
Signature

6-20-01
Date

CONSENT FORM

I, (printed name) LALITHAMBIKAN N. JAYAN R., am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Lalithambikan N. Jayan
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) Margaret Walker, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Margaret Walker
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) Ruth T. WALKER, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Ruth T. Walker
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) Belinda Ware, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Belinda Ware
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) TINA WARREN, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Tina Warren
Signature

6/26/01
Date

CONSENT FORM

I, (printed name) Cindy WEATHERSPORN, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Cindy WEATHERSPORN
Signature

June 26, 2001
Date

CONSENT FORM

I, (printed name) Deborah Alfred Webb, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Deborah Alfred Webb
Signature

6-20-01
Date

CONSENT FORM

I, (printed name) Williams, Crystal, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Crystal Williams
Signature

6-20-01
Date

CONSENT FORM

I, (printed name) GLADYS WILLIAMS, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Signature

Gladys Williams

Date

6/21/01

CONSENT FORM

I, (printed name) LOUVENIA F. WILLIAMS, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Louvenia F. Williams
Signature

6/20/01
Date

CONSENT FORM

I, (printed name) Willa Williamson, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Willa Williamson
Signature

6.20.01
Date

CONSENT FORM

I, (printed name) BERNETTA WINSTON, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Bernetta Winston
Signature

June 20, 2001
Date

CONSENT FORM

I, (printed name) Susan L. Wissing, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Susan L. Wissing
Signature

6/25/01
Date

CONSENT FORM

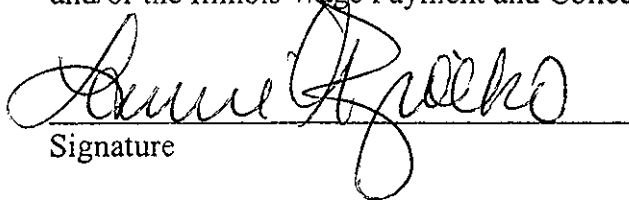
I, (printed name) Patricia A. Worely am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.

Patricia A. Worely
Signature

6/21/01
Date

CONSENT FORM

I, (printed name) Laurie A. Ziolk, am a current or former employee of Cook County Hospital ("CCH"). I believe I am entitled to additional wages for hours I have worked in excess of forty hours per week, and/or for differentials and/or step increases. I wish to be included as a party in the pay claims being asserted by current and former CCH employees against Cook County. I hereby give consent to my attorneys, Childress & Zdeb, Ltd. and Peticolas, Shapleigh, Brandys & Kern, P.L.L.C. or such other representatives as they may designate, to bring suit against Cook County on my behalf under the Fair Labor Standards Act and/or the Illinois Wage Payment and Collection Act.


Signature

6/20/01
Date

JS 44
(Rev. 07/89)

CIVIL COVER SHEET

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

I (a) PLAINTIFFS

Maria Belbis and Tina Warren, individually and on behalf of a class of employees, similarly situated, and Maria Belbis, Tina Warren, Tiffany Taylor, Dorothea Purnell, Sheryl Nella, and all others

(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF
(EXCEPT IN U.S. PLAINTIFF CASES)

who have had a consent to join filed in this case as to Count III,

DEFENDANTS

County of Cook JOHN W DARRAH

MAGISTRATE JUDGE DENLOW

COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED

(c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)

Michael Childress/Childress & Zdeb, Ltd.
6 W. Hubbard Street, 5th Floor
Chicago, IL 60610
(312) 494-0200

ATTORNEYS (IF KNOWN)

DOCKETED

AUG 10 2001

II. BASIS OF JURISDICTION

(PLACE AN X IN ONE BOX ONLY)

- ☐ 1 U.S. Government Plaintiff
☒ 3 Federal Question (U.S. Government Not a Party)
☐ 2 U.S. Government Defendant
☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES

(PLACE AN X IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT)

- | | | | | | |
|---|----------------------------|----------------------------|---|----------------------------|----------------------------|
| | PTF | DEF | | PTF | DEF |
| Citizen of This State | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business in This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business in Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. CAUSE OF ACTION

(CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE.)

DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY

Violation of FLSA, 29 U.S.C.A. s 201 et seq.

V. NATURE OF SUIT (PLACE AN X IN ONE BOX ONLY)

CONTRACT	TORTS		FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury	PERSONAL INJURY <input type="checkbox"/> 362 Personal Injury—Med Malpractice <input type="checkbox"/> 365 Personal Injury—Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R.R. & Truck <input type="checkbox"/> 650 Airline Regs <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other LABOR <input checked="" type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce/ICC Rates <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes <input type="checkbox"/> 890 Other Statutory Actions
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 440 Other Civil Rights	PRISONER PETITIONS <input type="checkbox"/> 510 Motions to Vacate Sentence Habeas Corpus <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights			

VI. ORIGIN

(PLACE AN X IN ONE BOX ONLY)

Transferred from
another district
(specify)

Appeal to District
Judge from
Magistrate
Judgment

- ☒ 1 Original Proceeding
☐ 2 Removed from State Court
☐ 3 Remanded from Appellate Court
☐ 4 Reinstated or Reopened
☐ 5 another district (specify)
☐ 6 Multidistrict Litigation

VII. REQUESTED IN COMPLAINT:

CHECK IF THIS IS A CLASS ACTION
☐ UNDER F.R.C.P. 23

DEMAND \$

Check YES only if demanded in complaint:

JURY DEMAND:

☒ YES ☐ NO

VIII. REMARKS

In response to ☒ is not a refiling of a previously dismissed action

General Rule 2.21D(2) this case ☐ is a refiling of case number _____ of Judge _____

DATE

SIGNATURE OF ATTORNEY OF RECORD

8/9/01

Michael Childress

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS**

Eastern Division

DOCKETED
AUG 10 2001

In the Matter of

MARIA BELBIS and TINA WARREN, et al.

v.

COUNTY OF COOK

Case Number:

01C 6119

JUDGE JOHN W. DARRAH

APPEARANCES ARE HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY(S) FOR:

Maria Belbis and Tina Warren, and all plaintiffs

(A)	(B)
SIGNATURE <i>Michael Childress</i>	SIGNATURE <i>[Signature]</i>
NAME Michael Childress	NAME
FIRM Childress & Zdeb, Ltd.	FIRM
STREET ADDRESS Six West Hubbard Street, 5th Floor	STREET ADDRESS
CITY/STATE/ZIP Chicago, IL 60610	CITY/STATE/ZIP
TELEPHONE NUMBER (312) 494-0200	TELEPHONE NUMBER
IDENTIFICATION NUMBER (SEE ITEM 4 ON REVERSE) 6180488	IDENTIFICATION NUMBER (SEE ITEM 4 ON REVERSE)
MEMBER OF TRIAL BAR? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	MEMBER OF TRIAL BAR? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TRIAL ATTORNEY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	DESIGNATED AS LOCAL COUNSEL? YES <input type="checkbox"/> NO <input type="checkbox"/>
(C)	(D)
SIGNATURE	SIGNATURE
NAME	NAME
FIRM	FIRM
STREET ADDRESS	STREET ADDRESS
CITY/STATE/ZIP	CITY/STATE/ZIP
TELEPHONE NUMBER	TELEPHONE NUMBER
IDENTIFICATION NUMBER (SEE ITEM 4 ON REVERSE)	IDENTIFICATION NUMBER (SEE ITEM 4 ON REVERSE)
MEMBER OF TRIAL BAR? YES <input type="checkbox"/> NO <input type="checkbox"/>	MEMBER OF TRIAL BAR? YES <input type="checkbox"/> NO <input type="checkbox"/>
TRIAL ATTORNEY? YES <input type="checkbox"/> NO <input type="checkbox"/>	TRIAL ATTORNEY? YES <input type="checkbox"/> NO <input type="checkbox"/>
DESIGNATED AS LOCAL COUNSEL? YES <input type="checkbox"/> NO <input type="checkbox"/>	DESIGNATED AS LOCAL COUNSEL? YES <input type="checkbox"/> NO <input type="checkbox"/>

1-3